

Ignition Interlock Affidavit Other Licensed Resident

All licensed residents living in a household with a driver who is required to have an Ignition Interlock Device installed must complete this affidavit and submit it to the Registry of Motor Vehicles. Photocopy this blank form for additional licensed residents.

Licensed Resident's Information:			(Please Print)
Licensed R	esident Name:		
DOB:		License #:	
Residential	Address:		
Mailing Ac	ldress:		
Initial Initial	Interlock Device, he/she may n understand that it is a crime to to operate a vehicle without such than \$500 and one year in the I \$1000 and up to 2 ½ years in the Registrar may revoke my licens. I understand that it is a crimin person, punishable by a fine of months not more than 2 ½ year years nor more than 5 years in such that it is a crimin person, punishable by a fine of months not more than 5 years in such that it is a crimin person, punishable by a fine of months not more than 5 years in such that it is a crimin person, punishable by a fine of months not more than 5 years in such that it is a crimin person, punishable by a fine of months not more than 5 years in such that it is a crimin person, punishable by a fine of months not more than 5 years in such that it is a crimin person, punishable by a fine of months not more than 5 years in such that it is a crimin person, punishable by a fine of months not more than 5 years in such that it is a crimin person, punishable by a fine of months not more than 5 years in such that it is a crimin person, punishable by a fine of months not more than 5 years in such that it is a crimin person, punishable by a fine of months not more than 5 years in such that it is a crimin person, punishable by a fine of months not more than 5 years in such that it is a crimin person which is a cr	ot drive any vehicle that have knowingly allow an open had device. I understand thouse of correction on a the house of correction for up to the house of the hous	an Ignition Interlock Device for another d not more than \$5,000, or not less than to tion for a first offense, and not less than 3
	List all vehicles owned and drive	en by licensed resident:	(Please Print)
Make:		 Reg. #:	VIN #
Make:	Model:	Reg. #:	VIN#
Make:	 Model:		VIN #

The information I have provided on this form is true and accurate. Signed under the penalties of perjury:				
Licensed Resident's Signature	Date			
Electised Resident's Signature	Date			
Information about the Driver Descriping the Israel	ion Interlegis Devices			
Information about the Driver Requiring the Igniti	ion interiock Device:			
Operator's Name:	License #:			
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Notary Public Information:				
Notarization: On this day of, penalties of perjury that the contents of this document are t	, the undersigned personally appeared and swore under the			
penalties of perjury that the contents of this document are t	reduced and decentate to the best of missiler knowledge.			
Signature of Notary Public				
Signature of Houry Lucite				
RMV USE ONLY				
Hearings Officer ID:	Date:			